



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-260**

RENTAL CAR COMPANY APPLICATION

Business Entity Name	Incorporation/Formation Date (month) (day) (year)	FEIN
List any name under which you are doing business	State of Domicile	Country of Domicile
Business Address	City	State Zip or Foreign Country
Phone Number ()	Fax Number ()	Business Web Site Address
Mailing Address	P.O. Box	City State Zip or Foreign Country

Location of Rental Offices doing business in Arkansas (attach sheet if addition space is needed)

Name of Office _____	Phone Number _____
Address _____	
Name of Office _____	Phone Number _____
Address _____	
Name of Office _____	Phone Number _____
Address _____	
Name of Office _____	Phone Number _____
Address _____	
Name of Office _____	Phone Number _____
Address _____	

I, _____ hereby state under oath that all the information in the application is true and correct to the best of my knowledge.

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year Signature _____

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Instructions:

1. The application must be typed or printed.
2. The fee for a car rental license is \$35.00 on company check made payable to the Arkansas Insurance Department Trust Fund.
3. List all Rental Offices located in Arkansas on the application or you may attach a listing if the listing includes all the information requested on the application.
4. Completed Application and fee should be mailed to the:

Arkansas Insurance Department
Attn: License Division
1200 West Third Street
Little Rock AR 72201

5. The license must be renewed January 1 of each year.

If you have any questions regarding a Car Rental License, please contact the License Division at 501-371-2750.